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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 09/481,577 01/12/2000

Yes. 22

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

None. 22

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY PA	SHEETS DRAWING 6	TOTAL CLAIMS 48	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance.				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

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## TITLE

System and method for delivering information at inaccessible locations

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